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Bib Data Sheet

CONFIRMATION NO. 5204

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|-----------------------------|---------------------------------------|--------------------------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/877,741 | FILING DATE<br>06/11/2001<br><br>RULE | CLASS<br><del>204</del><br>434 | GROUP ART UNIT<br>3711 | ATTORNEY DOCKET NO.<br>TLR-5073 US |
|-----------------------------|---------------------------------------|--------------------------------|------------------------|------------------------------------|

## APPLICANTS

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/CF

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/212,732 06/20/2000

/CF

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

/CF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/06/2001

|  |                           |                   |                       |                            |
|--|---------------------------|-------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>IN | SHEETS<br>DRAWING | TOTAL<br>CLAIMS<br>11 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                   |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                           |                   |                       |                            |

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## TITLE

Brief therapy treatment device and method

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>355 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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